



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2024112047  
 Date Received: JUN 06 2024  
 Date Due: 7-21-24  
 Grievance Code: 603  
 Investigator ID #: 2972  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: JUL 01 2024

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: O-117-B ✓  
 Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Practice Man, I-60/Supply I-60 When? 5-30 & 6-3-24

What was their response? No response from either

What action was taken? No action other than denying me catheters/supplies

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

This is a medical complaint and under my previous TDCJ-ID number of #556322 in the year of 2002 or 2003 I was assigned to the Coffield unit where Dr. Ken Kuykendall sent me to urology at Galveston UTMB. They ran test on me, catheterized me and determined that I required to be catheterized up to 4 times per day. Then in 2014 while on the streets and fell 14 ft. from a ladder and reinjuring my lower back which also did nerve damage to my bladder tests were ran in Urology at the Methodist hospital in Houston where I was ordered to keep using 4 catheters per day and wearing a diaper at night when I sleep because I lose control of both bladder and my stool when I fully relax in my sleep. I have these freeworld medical records for litigation purposes. TDCJ has access to records mentioned before hand. This is more than enough to prove my need for supplies. Now, the Medical supply technician here on Beto who has no type of medical training has decided she has a personal problem with me is dictating to the provider, E.Z. on 6-3-24 that I don't need these supplies and she even refuses to order them for me saying she will give me the exact same supplies she gives everyone else even though everyone's medical problems and ages are different. Now I have been two days without catheters and diapers and I am soiling my bedding at night and having to

wash the sheets in the toilet, they are not dry by bedtime. I have been getting a list of supplies on 10 other units in TDCJ in the last 6 1/2 years and now an inexperienced provider who I saw on 6-3-24 and an incompetent medical supply technician who is not trained in the medical field and can't possibly know the medical needs of inmates has discontinued my supplies. Also I can only use Red Rubber Catheters because I am allergic to the others offered as I'm allergic to Vinyl and my records will show this, Records I have copies of.

Action Requested to resolve your Complaint.

Get me all the exact same supplies I have been getting the past 6 1/2 years in TDCJ

Offender Signature: James Williams #2168331 Date: 6-5-24

Grievance Response:

In review of your records, you seen the provider on 6/3/24 and based upon your words it has been 10 years since being seen by URO. With it being such a long time frame the providers feels that you need to be assessed by URO again. However, you left the room w/o the provider being able to perform an examination on you. Therefore, there is no documentation on why you need so many supplies. This is unsubstantiated.

Signature Authority:



Date: 6/28/24

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_

AUG 12 2024



## Texas Department of Criminal Justice

*S. Gynn - 120*

**STEP 2 OFFENDER GRIEVANCE FORM**

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 0-117-B  
 Unit where incident occurred: Beto

**OFFICE USE ONLY**

Grievance #: 2024112047  
 UGI Recd Date: JUL 02 2024  
 HQ Recd Date: JUL 22 2024  
 Date Due: 8-16-24  
 Grievance Code: 603  
 Investigator ID#: 10354  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

*There was nothing the provider on 6-3-24 could examine of urinary flow. She is way far from being a urologist and is not even in fact a real doctor. I have medical records from freeworld urology and any idiot medical provider should know urinary problems only get worse not better*

Offender Signature: James Williams #2168331Date: 7-2-24

Grievance Response:

In your Step 1 medical grievance, you stated you are being denied a renewal of the urinary supplies you have been order for over 10 years while incarcerated. You are requesting to be ordered the exact same supplies you have been getting.

Review of the health record shows you currently have an order for 7 pullups/briefs, 28 red urinary catheters, 28 lubes, 1 roll of toilet paper every week. The documentation also reveals you receive 14 blue pads, urinary bag, 14 black bags for soiled diapers on a bi-weekly basis. The documentation shows you have been afforded appropriate access to medical care in accordance with Correctional Managed Health Care Policy E-37.1.

There is no further action warranted for this issue through the appellate review. This grievance is unsubstantiated.

STEP II-MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION

07/25/2024

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

Offender Signature: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible \*
- ☐ 3. Originals not submitted \*
- ☐ 4. Inappropriate/Excessive attachments \*

I-128 Back (Revised 11-2010)

## OFFICE USE ONLY

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Appendix G





## Texas Department of Criminal Justice

# STEP 1

## INMATE

### GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2024112525  
 Date Received: JUN 07 2024  
 Date Due: 7-22-24  
 Grievance Code: 601  
 Investigator ID #: 2972  
 Extension Date: \_\_\_\_\_  
 Date Retd to Inmate: JUL 01 2024

Inmate Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 0-117-B ✓  
 Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Practice Manager recieved I-60 When? 6-4-24  
 What was their response? She did not respond and never does  
 What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

One 6-3-24 I was seen in clinic by provider Onwuchekwa, Ezenwanyi. In this appointment she discontinued my toilet paper pass for an extra roll biweekly because the medical supply technician instructed her to do so because she has a personal dislike for me which is retaliation. I was also instructed by Onwuchekwa to buy my extra toilet paper that I have been getting for 2 years, with my own money out of commissary even though she has prescribed many other inmates toilet paper out of unit stock. And again she went on the advise of the medical supply technician who is untrained in any way in the feild of medicine, and is incompetent. The reasons I need the extra toilet paper is I have superly badly swollen hemorrhoids that stay swollen even when not inflamed and there are several of them. It takes many wipes to fully clean myself. Plus I lose my bowels in my sleep in the diaper I'm suppose to wear and need extra toilet paper to clean myself up. I don't have money to buy toilet paper and other inmates that have been seen by the above named

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Nigerian provider do not have to buy extra toilet paper but are prescribed it by the provider so she is discriminating against me because the unit supply tech in the medical supply dept. don't like me. And the provider would not even look at my hemorrhoids to determine if I even needed it or not.

**Action Requested to Resolve Your Complaint.**

Get me an appointment with another provider other than ~~Onwuchekwa~~ Onwuchekwa or Goings to look at my hemorrhoids to see if qualify for extra toilet paper and consider the fact I crap on myself at night in my sleep.

Inmate Signature: James Williams #2168331 Date: 6-7-24

**Grievance Response:**

Reviewing your chart, you were ordered 1 roll of toilet paper every 2 weeks. This was an order from previous unit that doesn't expire until 10/15/24. You may purchase toilet paper from commissary or put in an I-60 to be re-evaluated for extra toilet paper. This is unsubstantiated.

**Signature Authority:**

[Signature] Date: 6/28/24  
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the inmate's health.

Medical Signature Authority: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Inmate: _____	
Date Returned to Inmate: _____	
<u>2<sup>nd</sup> Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Inmate: _____	
Date Returned to Inmate: _____	
<u>3<sup>rd</sup> Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Inmate: _____	
Date Returned to Inmate: _____	

AUG 12 2024



## Texas Department of Criminal Justice

S. Gym - 120

# STEP 2 OFFENDER GRIEVANCE FORM

Offender Name: James Williams TDCJ # 2168331  
 Unit: Bet Housing Assignment: 0-117-13  
 Unit where incident occurred: Beto

## OFFICE USE ONLY

Grievance #: 2024112525  
 UGI Recd Date: JUL 02 2024  
 HQ Recd Date: JUL 22 2024  
 Date Due: 8-16-24  
 Grievance Code: 601  
 Investigator ID#: 10352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

There are quite a few inmates I have talked to on Beto Unit that has been prescribed extra rolls of toilet paper by provider Onwuchekwa within the past 3 years that have the same problems I have and are not told to buy it out of commissary. I don't have money. She is discriminating against me & my disabilities

Offender Signature: James Williams #2168331Date: 7-2-24

Grievance Response:

In your Step 1 medical grievance, you stated you have been denied an extra roll of toilet paper every other week to clean yourself with. You are requesting to see another provider to have your hemorrhoids checked to see if you qualify for extra toilet paper.

Review of the health record shows you have a current order and pass for extra toilet paper every other week. As stated in the Step 1 response, you can also purchase more toilet paper at the commissary if the extra roll is not enough. The documentation shows you have been afforded access to appropriate medical care and your claim is unsubstantiated.

You are advised to submit a Sick Call Request if you feel your condition has changed to warrant further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS**  
**TDCJ HEALTH SERVICES DIVISION**

07/25/2024

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.

I-128-Back (Revised 11-2010)

- ☐ 3. Originals not submitted. \*

- ☐ 4. Inappropriate/Excessive attachments.\*

**OFFICE USE ONLY****Initial Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**





## Texas Department of Criminal Justice

# STEP 1

## INMATE

## GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024112859Date Received: JUN 10 2024Date Due: 7/25/24Grievance Code: 601Investigator ID #: 2981

Extension Date: \_\_\_\_\_

Date Retd to Inmate: JUL 01 2024Inmate Name: JAMES Williams TDCJ # 2168331Unit: Beto Housing Assignment: 0-117-B ✓Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 to Gorter, Practice Manager When? 6-4-24  
 What was their response? She gave no response even though is a dangerous issue  
 What action was taken? She ignored my I-60 like all others.

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.  
on 6-3-24 I had an appointment with provider E. Onwuchekwa. And I asked her to renew the handicap shower pass or disability shower pass because I'm registered by the U.S. Social Security dept since 2015 @ 100%, and collected 100% Social Security disability pay. And the fact its dangerous with all the fast moving young inmates here as I could slip and fall. I have had a disability shower pass for several years on other units, Ms Onwuchekwa refused to give me a pass even though she gave them to other inmates, and she refused to transfer me to a unit with disability showers when she told me there are no disability shower facilities on the Beto unit. I also pointed out that my medical restrictions have held for years a Single Level Facility Medical restriction and this is a multi level facility and for one, I can never attend school or college as that is all upstairs. So I do not even qualify to be assigned to this unit but again, and even though the Single Level restriction was placed on me several years ago by a true doctor of medicine, Onwuchekwa

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

denied me a unit transfer to a single level unit with disability showers. She is discriminating against my proven disabilities. And I have Free-world medical records and MRI's on hand to back me up.

**Action Requested to Resolve Your Complaint.**

Transfer me back to a single level facility with disability/handicapped showers,

Inmate Signature: James Williams 2168331

Date: 6-10-24

**Grievance Response:**

Reviewing your chart, there is no documentation on the provider note 6/3/24 that she/he refused to transfer you to another unit. Your restrictions are that you are on ground floor only and lower bunk only. You walked out of clinic before an examination was ever conducted. This claim is denied.

**Action Requested to Resolve Your Complaint.**

**Signature Authority:**

[Signature]

Date: 6/28/24

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

**Returned because: \*Resubmit this form when corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable. \*
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*

☒ 11. Inappropriate. \*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

**UGI Printed Name/Signature:**

**Returned because: \*Resubmit this form when corrections are made.**

**Application of the screening criteria for this grievance is not expected to adversely affect the inmate's health.**

**Medical Signature Authority:**

- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*

**I-127 Back (Revised 8/2022)**

**OFFICE USE ONLY**

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

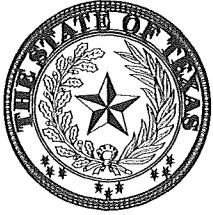
Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**2<sup>nd</sup> Submission** Inmate Grievance Operations Manual

Grievance #: \_\_\_\_\_ Appendix F

AUG 12 2024



## Texas Department of Criminal Justice

S.Gym- 120

## STEP 2 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024112859  
 UGI Recd Date: JUL 02 2024  
 HQ Recd Date: JUL 22 2024  
 Date Due: 8-16-24  
 Grievance Code: 601  
 Investigator ID#: 10352  
 Extension Date: \_\_\_\_\_

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: O-117-B  
 Unit where incident occurred: Beto

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Attached is a copy of my medical restrictions.  
Please note Single Level Facility Continuous  
restriction that never expires.

Offender Signature: \_\_\_\_\_

James Wellmann #2168331

Date: \_\_\_\_\_

7-2-24

Grievance Response: \_\_\_\_\_

In your Step 1 medical grievance, you stated you were denied a renewal of your disability shower pass on 06/03/2024. You are requesting to be transferred to a single level facility with disability showers.

As stated in the Step 1 response, there is no documentation concerning being transferred to another unit. Further review shows your medical shower pass was renewed on 07/16/2024. You also have a current and active restriction for ground floor, single level unit restrictions since 11/10/2020. There is no documentation found to show the provider found a unit transfer to be medically necessary. The documentation shows you have been afforded appropriate access to medical care in accordance with Correctional Managed Health Care Policy E-37.1.

There is no further action warranted for this issue through the appellate review. You must submit a Sick Call Request to medical if you feel your condition has changed to warrant further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

07/25/2024

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

Offender Signature: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*

IF-128 Back (Revised 11-2010)

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**(check one) ☐ Screened ☐ Improperly Submitted

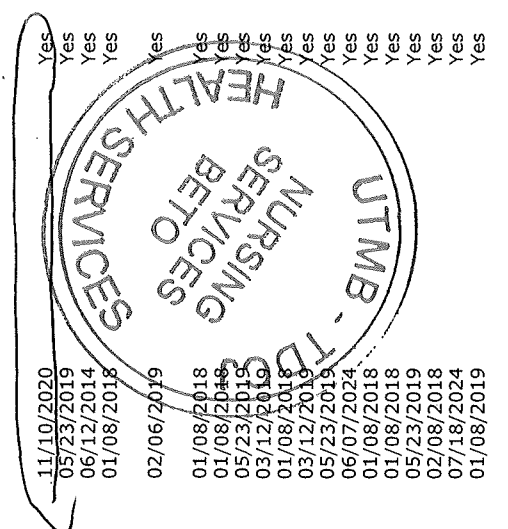
Comments: \_\_\_\_\_



Current Patient Restrictions

Patient: WILLIAMS, JAMES D MRN: 2168331 DOB: 03/11/1960 Sex: MALE Race: WHITE

Order Provider	Section	Element	Restriction	Start Date	# Days	Exp. Date	Cont	Data	Units
MONTGOMERY, LAURIE J	I	Facility Assignment	Single Level Facility	11/10/2020			Yes		
JONES, ERIN A	I	Trustee Camp	Not Suitable for Trustee Camp	05/23/2019			Yes		
UNKNOWN, UNKNOWN	II	Bunk Assignment	Lower Only	06/12/2014			Yes		
CURRY, JOSEPH M	II	Extended Medical Hours	Medical Non-KOP	01/08/2018			Yes		
JOHNSON, ERIC B	II	Extended Medical Hours	Psych Non-KOP	02/06/2019			Yes		
CURRY, JOSEPH M	II	Row Assignment	Ground Floor Only	01/08/2018			Yes		
CURRY, JOSEPH M	III		12. No Climbing	01/08/2018			Yes		
JONES, ERIN A	III		19a. Medical - No Work in Direct Sunlight	05/23/2019			Yes		
HILLIARD, WANDA T	III		19b. Psych - No Work in Direct Sunlight	03/12/2019			Yes		
CURRY, JOSEPH M	III		20a. Medical - No Temperature Extremes	01/08/2018			Yes		
HILLIARD, WANDA T	III		20b. Psych - No Temperature Extremes	03/12/2019			Yes		
JONES, ERIN A	III		21a. Medical - No Humidity Extremes	05/23/2019			Yes		
JEFFRIES, KEVIN W	III		21b. Psych - No Humidity Extremes	06/07/2024			Yes		
CURRY, JOSEPH M	III		22. No Exposure to Environmental Pollutants	01/08/2018			Yes		
CURRY, JOSEPH M	III		23. No Work With Chemicals or Irritants	01/08/2018			Yes		
JONES, ERIN A	III		3. Sedentary Work Only	05/23/2019			Yes		
GREENE, DOUGLAS E	III		7. Limited Standing	02/08/2018			Yes		
PRINCE, DUSTIN K	III		8. No Walking >	07/18/2024			Yes		
TAYLOR, WHITNEY D	IV	Disciplinary Process	Consult Representative of Mental Health Department before taking disciplinary action	01/08/2019			Yes		
BECK, PATRICK S	V		Mental Health Representative Required	11/23/2020			Yes		
HOWELL, JOEL W	VI	Routine Transportation Restrictions		03/05/2021			Yes		
PRINCE, DUSTIN K			RESEND	07/18/2024					
ABRON, STEPHANIE C			RESEND	09/12/2018					
HOWELL, JOEL W			RESEND	01/18/2024					
HOWELL, JOEL W			RESEND	02/23/2023					
DOZIER, JOACHIM, KAYLI D			RESEND	06/12/2020					
BECK, MARTHA L			RESEND	05/11/2018					
FRAZIER, TRINA R			RESEND	03/27/2020					



PULHES Management

DESIG	CODE	MODIFIER
P	3	G P
U	2	B P
L	2	B P
H	1	A -
E	2	B P
S	3	N T

PLEASE NOTE: HSM-18 in the mainframe will be updated from these orders hourly from 6AM to 5PM.

User Name: BEAVER, ALICE L

[1]

Run Date: 8/7/2024 5:29:26 PM



## Texas Department of Criminal Justice

# STEP 1

## INMATE

### GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024114854  
 Date Received: JUN 13 2024  
 Date Due: 7-28-24  
 Grievance Code: 601  
 Investigator ID #: 2972  
 Extension Date: \_\_\_\_\_  
 Date Retd to Inmate: JUL 01 2024

Inmate Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 0-117-B ✓  
 Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Practice Manager Gorter When? 6-4-24  
 What was their response? Got no response  
 What action was taken? No action

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

On 6-3-24 I was seen in an office visit with provider Onwuchekwa, and at the appointment she told me that there was no disability or handicap showers on the Beto unit and at my request for a disability shower pass due to my disabilities she denied my request but she said she was going to place a formal medical request to B.O.C. in Huntsville that I be transferred to a unit that does have disability showers for my physical safety and that she did not want to be responsible for me falling in the shower and hurting myself. Since that appointment I have had 2 other providers check the computer to see if provider Onwuchekwa actually did put an order in for a unit transfer and it was found that she told me an untruth and did not place an order for a transfer like she said. So her knowing there is no access to a disability shower she has put me in physical danger.

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

And also somehow she wrote passes to several other inmates disability shower passes and they go every day at 1:00PM. So not only is she placing my physical safety in danger by not giving me a handicap/disability shower pass she is discriminating against me

**Action Requested to Resolve Your Complaint.**

Either issue me a disability shower pass or do like she said and ~~then~~ transfer me to a unit with disability shower access

Inmate Signature: James Williams

Date: 6-13-24

**Grievance Response:**

Reviewing your chart, since the provider was unable to exam you because you walked out you will need to be re-evaluated for a transfer to another unit. You will need to be seen by a provider so you will need to submit an I-60 for re-evaluation to another unit to accommodate your disability issue. This grievance is unsubstantiated.

**Action Requested to Resolve Your Complaint**

Signature Authority: R. R. Brown

Date: 6/28/24

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

**Returned because: \*Resubmit this form when corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☒ 8. The issue presented is not grievable. inmate
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☒ 11. Inappropriate. \*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the inmate's health.

Medical Signature Authority: \_\_\_\_\_

- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*

**I-127 Back (Revised 8/2022)**

- ☐ 1. Grievable time period has expired.

- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*

**OFFICE USE ONLY**

Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Inmate:	_____
Date Returned to Inmate:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Inmate:	_____
Date Returned to Inmate:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Inmate:	_____
Date Returned to Inmate:	_____

\_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**2<sup>nd</sup> Submission**

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**3<sup>rd</sup> Submission**

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

Inmate Grievance Operations Manual  
Appendix F

AUG 12 2024



S. Gym- 120

## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 0-117-B  
 Unit where incident occurred: Beto

## OFFICE USE ONLY

Grievance #: 2024114854  
 UGI Recd Date: JUL 02 2024  
 HQ Recd Date: JUL 22 2024  
 Date Due: 8-16-24  
 Grievance Code: 601  
 Investigator ID#: I0352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

This is of grievance #2024114854. This woman or person is not a doctor and I have medical records, orders and prescriptions from Freeworld specialists and doctors in my cell, ready for Federal court that proves I am 100% disabled and was collecting 100% Social Security Disability pay on the streets prior to coming to prison in 2017. The provider in step-1 here-in is not qualified to over-ride these ~~speci~~ specialist.

And I only left her off after she said she was finished with me. I am a 64 year old disabled person and I'm on a unit with a bunch of very young inmates who try to run over me in the shower and chow hall because they have no physical disabilities. I get near knocked down on a daily basis. This provider could care less about my safety.



Offender Signature:

James Williams #2168331

Date:

7-2-24

Grievance Response:

In your Step 1 medical grievance, you stated Inmate states he is being denied a renewal of his disability shower pass on 06/03/2024. He is requesting to be given disability shower pass or be transferred to a unit with a disability shower.

This is a redundant issue previously addressed in grievance number 2024112859 and will not be revisited at this time.

You must submit a Sick Call request if you feel your condition has changed to warrant further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

07/25/2024

Offender Signature:

Grievance Response:

Signature Authority:

Date:

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature:

Offense Description:

Date of Offense:

Signature Authority:

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.

**I-128 Back (Revised 11-2010)**

- ☐ 2. Illegible/Incomprehensible.\*

- ☐ 3. Originals not submitted. \*

- ☐ 4. Inappropriate/Excessive attachments.\*

**OFFICE USE ONLY****Initial Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024117200

Date Received: JUN 19 2024

Date Due: 8-3-24

Grievance Code: 600

Investigator ID #: 2972

Extension Date:

Date Retd to Offender: JUL 01 2024

Offender Name: James Williams TDCJ # 2168331

Unit: Beto Housing Assignment: 0-117-B ✓

Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 to Practice Manager When? 6-11-24

What was their response? got no response

What action was taken? No action

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

ON 6-11-24 at between 5:00 AM and 6:00 AM I went to the infirmary with a pass to go get my medical supplies which is located upstairs in the the infirmary. I am on a walker and have a ground floor, no climbing single level facility restrictions. And the nurses working the E.R. by the elevator refused to send me up on the elevator to the second floor and directed me to the officer controlling the front door. Both nurses in the E.R. and this unknown officer had keys to the elevator. When I asked the officer to send me up he also refused and told me to walk up the stairs like everyone else. So in order to get these much needed supplies I was forced to carry my big walker up 2 flights of stairs and coming close to falling multiple times all the way up and all the way down. This is on camera as well. The nurses names and the officers' name can be found on the medical shift roster. I could have easily fell and been badly injured or worse. In my health condition this force to climb stairs was very dangerous and I was in fear for my life.

Action Requested to resolve your Complaint.

*Transfer me on a Medical Transfer to a single level facility*

Offender Signature: *James Williams #2168331* Date: *6-18-24*

Grievance Response:

Review of your records, you did come get your supplies on 6/13/24. It is unknown as to why you were not allowed in the elevator by medical/security staff as it could be that you did not have a lay in. Security measures are in place to ensure that all staff and inmates are safe when they come into the infirmary. You need to have your lay-in. This is unsubstantiated.

Signature Authority:

*Rebecca Whiddon CM*

Date: *6/27/24*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

AUG 12 2024



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 0-117-13  
 Unit where incident occurred: Beto

## OFFICE USE ONLY

Grievance #: 2024117200  
 UGI Recd Date: JUL 02 2024  
 HQ Recd Date: JUL 22 2024  
 Date Due: 8-16-24  
 Grievance Code: 600  
 Investigator ID#: 10352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I did have a lay-in and once I was forced to climb the stairs before it expired I was given my supplies by Ms. Tucker along with everyone else that is routinely laid-in every 2 weeks as I highly doubt Tucker would deny to lay-me-in when she laid everyone else in. She is such a sweet caring medical person. And the officer that forced me to walk up the stairs was busy sleeping and by me waking him up it pissed him off.

Bottom line, camera will show I was forced to walk up the stairs carrying my walker and came close to falling. See you in Federal Court. I have a Single Level Facility Restriction as of that date which is prescribed CONTINUOUS which never expires and was wrote on 11-10-2020. I have 14 copies for evidence saved up



Offender Signature: James Williams #2168331Date: 7-2-24

Grievance Response:

In your Step 1 medical grievance, you stated you were forced to walk up the stairs with your walker to get your medical supplies on 06/11/2024, putting you in danger of falling as the security and medical staff would not allow you to use the elevator. You are requesting to be transferred to a single level unit.

The Step 2 appellate review supports the response at Step 1. There is no documentation found to show medical received any Sick Call Requests or I-60s concerning this issue. There is also no documentation found show the providers have documented a medical necessity for you to be transferred to another unit at this time.

If you feel your condition has changed to warrant further evaluation for a single level unit, you are advised to submit a Sick Call Request to medical.

**STEP II MEDICAL GRIEVANCE PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS**  
**TDCJ HEALTH SERVICES DIVISION**

07/25/2024

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Signature Authority: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*☐ 1. Grievable time period has expired.**I-128 Back (Revised 11-2010)**☐ 2. Illegible/Incomprehensible.\*☐ 3. Originals not submitted.\***OFFICE USE ONLY****Initial Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission****CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**



## Texas Department of Criminal Justice

# STEP 1

## INMATE

### GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024107356  
 Date Received: MAY 28 2024  
 Date Due: 7/12/24  
 Grievance Code: 626  
 Investigator ID #: 2981  
 Extension Date: \_\_\_\_\_  
 Date Retd to Inmate: JUN 10 2024

Inmate Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: D-117-B ✓  
 Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Wrote to Practice Manager When? 5-23-24 AM  
 What was their response? Got No Response  
 What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

On 5-23-24 I came here from the Telford Unit. I was not allowed to bring any of my medical supplies which are vital to my healthcare and I have been on these supplies over 6 years. I use the following:

- 7- Pull up diapers per week
- 4- Red Rubber 16Fr Catheters per day. Am allergic to the non-Red Rubber Catheters
- 1- Black Trash Bag per day
- 28- Lubes per week
- 1- Pack 4x4 gauze per week
- 1- Roll 3" silk Tape per week
- 4- Blue Pads per bi-weekly
- 1- Roll Toilet Paper per week
- 1- Bottle Foam Cleanser per bi-weekly
- 1- Gallon CPAP/BiPAP water per week.

I get supplies every Friday and have been out for 3 days now.

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

## Action Requested to Resolve Your Complaint.

*Let me have my supplies on time as prescribed*

Inmate Signature: *James Williams #2168331*

Date: *5-25-24*

## Grievance Response:

Reviewing your chart, you have been receiving your supplies up to being transferred to Beto. You were transferred to Beto on 5/23/24 per your grievance. It is your responsibility to submit an I-60 or notify medical if you need supplies or medical assistance. You received supplies on 5/30/24. This grievance is denied.

Signature Authority: *[Signature]*

Date: *6/6/24*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the inmate's health.

Medical Signature Authority: \_\_\_\_\_

## OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_



S. gym - 199B

JUL 23 2024

2024107356 SS

## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024107360  
 UGI Recd Date: 6-17-2024  
 HQ Recd Date: JUN 25 2024  
 Date Due: 8-1-2024  
 Grievance Code: 626  
 Investigator ID#: I0352  
 Extension Date:

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 0-117-B  
 Unit where incident occurred: Beto

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I have place several I-60 requests for supplies prior to the step I and on 6-3-24 I was seen by a provider named Onwuchekwa who not only discontinued some of the supplies I have been getting for over 6 years but she cut the rest in well over half and this was all due to the instructions and advise of CCA Tucker of medical supply who has absolutely no type of medical training or education in the field of medicine and she told the above mentioned provider that she would only issue me what she had in stock and also only give me what the rest of the inmates were receiving and that she was not going to order anything extra for me. The above named provider took Tuckers medical advise and she cut me from 4 catheters per day to one but if you will look at my urology appointment at UTMB bateson under TDCJ # 556322 some time in the years of 2002 to 2003 you will see my test results and orders from a specialist that prescribed and told me to catheterize myself 4 times per day or every 4 hours. This is not possible when CCA Tucker advised that I be cut to 1 cath per



day. The problem with the medical department on this unit is that it's not a true medical facility other than the fact they have 24hr medical and they are not use to having inmates with multiple serious medical problem like mine.

Offender Signature: James Williams #2168331 Date: 6-17-24

**Grievance Response:**

In your Step 1 medical grievance you reported you have not received your medical supplies as prescribed by the previous unit provider.

After a review of the grievance and clinical records, this office supports the findings in the Step 1 medical grievance response. Furthermore, you were seen by the unit provider on 6/3/2024, and it was noted you do not meet medical criteria for a GEO-matt, you was referred to urology since there is no documented history regarding why you need that much urinary supplies, and the provider was unable to determine if you met criteria for a no prolonged standing restriction because you left the clinic without an exam. At this time, the referral to the Hospital Galveston (HG) Urology Specialty Clinic is pending review and scheduling.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. While you maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. If you feel your situation requires further evaluation, you are advised to submit a sick call request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

07/02/2024

Offender Signature:

Signature Authority:

Signature Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

Offender Signature:

Signature Authority:

Signature Authority:

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.

I-128 Back (Revised 11-2010)

- ☐ 2. Originals not submitted.

- ☐ 3. Inappropriate/Excessive attachments.\*

**OFFICE USE ONLY**

**Initial Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**



## Texas Department of Criminal Justice

# STEP 1

## INMATE

## GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2024110317Date Received: JUN 03 2024Date Due: 7-18-24Grievance Code: 616Investigator ID #: 2972

Extension Date: \_\_\_\_\_

Date Retd to Inmate: JUL 01 2024Inmate Name: James D. Williams TDCJ # 2168331Unit: Beto Housing Assignment: 0-117-B ✓Unit where incident occurred: Beto

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Wrote I-60 to Practice Manager When? 5-29-24What was their response? Pill nurse, not Practice Manager answered at WindowWhat action was taken? No action was taken by Prac. Man who could care less

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I was assigned to this unit on 5-23-24. My Gabapentin pain medication was not due for renewal until 5-29-24. There has been a whole week for Huntsville to re-route my new prescription which was due on the 29th to this unit. The pill nurses are trying to tell me Huntsville sent my new prescriptions to the Telford unit where I came from even though on the day of shipment the system wide computer - especially the one in Huntsville Pharmacy clearly showed me to be housed and assigned to the Beto unit, not Telford. I have been dealing with this too many years and have moved around several time earlier this year and the was never this problem. And there is so much illegal activities going on on this unit that there is no doubt in my mind someone has stolen a whole month's prescription of my Gabapentin out of the pill dispensary. I am also missing a bottle of Cold Tar Shampoo, a bottle of Thera derm lotion, a pack of 800mg Ibuprophen and a jar of Absorbace Cream.

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Huntsville wrote me an ongoing, indeterminate prescription for both the Gabapentin and the Absorbac Cream. It neither one ever ~~expire~~ expires.

### Action Requested to Resolve Your Complaint.

I want and need my medication and I can't be expected to wait another month for the next prescription. A provider can easily reorder these meds.

Inmate Signature:

James Williams #2168331

Date:

5-31-24

### Grievance Response:

Reviewing your records, you had a dose given to you on 5/22/24 from previous unit before you arrived at Beto. You have received your Gabapentin DOT twice daily since you have been at Beto. You have received your Motrin, Theraderm, and Shampoo. You have all your medications according to records. This grievance is unsubstantiated.

### Action Requested to Resolve Your Complaint.

Signature Authority:

[Signature]

Date:

6/28/24

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*

☒ 11. Inappropriate. \*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the inmate's health.

Medical Signature Authority: \_\_\_\_\_

- ☐ 1. Originals not submitted. \*
- ☐ 2. Inappropriate/Excessive attachments. \*
- ☐ 3. No documented attempt at informal resolution. \*
- ☐ 4. No requested relief is stated. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*

I-127 Back (Revised 8/2022)

### OFFICE USE ONLY

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

2<sup>nd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

3<sup>rd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Inmate: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

2<sup>nd</sup> Submission

Inmate Grievance Operations Manual

Grievance #: \_\_\_\_\_

Appendix F

Screening Criteria Used: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 2 OFFENDER GRIEVANCE FORM

S gym B120 ~~SGYM 199~~

Offender Name: James Williams TDCJ # 2168331  
 Unit: Beto Housing Assignment: 2-117-B  
 Unit where incident occurred: Beto

## OFFICE USE ONLY

Grievance #: 2024110317  
 UGI Recd Date: JUL 05 2024  
 HQ Recd Date: JUL 22 2024  
 Date Due: 8-19-24  
 Grievance Code: 616  
 Investigator ID#: 10352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I got on this rotten unit with a very unorganized medical unit on 5-23-24. My meds and especially my gabapentin was not reordered until 6-3-24. I did not get my D.O.T. of Gabapentin until 6-6-24 and this also goes for my Spiriva.

And I don't know what you mean that I walked out of my appointment. I left the appointment when provider Onwuchekwa told me we were done and finished. Your claim is false. This provider claims she is afraid of being shipped back to Africa so it is obvious that her medical credentials are of Africa; a third world country and not American which means she did not go to school in America. She is lying to cover up the fact she told me she was finished and there was nothing more she could do for me and only then did I leave. She also stated that I should have gone into an appointment with Goins when Rose tried to change my provider schedule in mid stream. Onwuchekwa was retaliating against me because I refused to see Goins. Now I am left without adequate means to properly and fully



*In the Pain!!!*  
 urinate because ~~se~~ she cut me from 4 catheters per day down to 1 and I have freeworld medical records with orders from a specialist in urology of Methodist Hospital that says I require catheterization every 3-4 hours and that is not possible with 1 catheter per day

Offender Signature: James Williams #2168331

Date: 7-2-24

**Grievance Response:**

In your Step 1 medical grievance, you stated you have not received your gabapentin refill that was due on 05/29/2024. You also stated you have not received your cold tar shampoo, Theraderm lotion, absorbbase cream and ibuprofen. You are requesting to receive your medications without having to wait.

Review of the Medication Compliance Report shows you began receiving your medications on 05/25/2024. Please be advised medications that are floor stock medications can be administered to you in single doses when you present yourself to the pill window. Medications which are non-formulary must be ordered from the central pharmacy and may take a few days to come in and are will not be transferred from your previous unit of assignment. The documentation shows you have been receiving your medications as ordered since that time.

You have been afforded appropriate access to care.

**STEP II MEDICAL GRIEVANCE PROGRAM  
 OFFICE OF PROFESSIONAL STANDARDS  
 TDCJ HEALTH SERVICES DIVISION**

**07/26/2024**

Offender Signature:

Date:

Grievance Response:

Signature Authority:

Date:

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

Offender Signature:

Grievance Response:

Signature Authority:

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.

**I-128 Back (Revised 11-2010)**

- ☐ 3. Originals not submitted. \*

- ☐ 4. Inappropriate/Excessive attachments.\*

**OFFICE USE ONLY**

**Initial Submission**

**CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

**CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

**CGO Initials:** \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**